CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT 2.a. NAME OF CA	ANDIDATE OR COMMITTEE				
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE				
BillBENNEH	8-2-12				
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City	State Zip Code Phone 423				
5420 WOODPIDGE DR ONTEWN. 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	of TENN 37363 238-5115				
Street or Rural Route City	State Zip Code Phone				
5. OFFICE SOUGHT (include district number, if applicable) ASSESSED OF PROPERTY	6. NAME OF POLITICAL TREASURER (may be candidate) Charles R. Umbarber				
7. CATEGORY OR REPORT (Check one)					
FIRST SECOND THIRD FOURTH QUARTER QUARTER QUARTER QUARTER QUARTER	PRE- PRE- MID-YEAR YEAR-END PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL				
SAWWARY 16, 2014	8.6. ENDING DATE OF REPORTING PERIOD SUNE 30, 2014				
9. (Check one)					
This campaign is exempt from detailed disclosure becaus tyres total \$1,000 or less for this reporting period. (Comp.)	se contributions (including in-kind) received total \$1,000 or less AND expendi- plete items 12d., 12e, and 12f.)				
	osure because contributions (including in-kind) received total more than \$1,000				
and/or expenditures total more than \$1,000 for this report					
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue.					
Signature of candidate 7-14-19	Faules Marson 7-14-14 signature of political treasurer date				
11. WITNESS SIGNATURE					
signature of witness $\frac{1-14-10}{\text{date}}$	f dwarf 7-14-14 signature of withess date				
12. SUMMARY	13				
a. BALANCE ON HAND LAST REPORT	s 12,470-				
b. TOTAL RECEIPTS THIS PERIOD	s <u>-0 -</u>				
c. TOTAL DISBURSEMENTS THIS PERIOD	s <u>5150</u> -				
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	s <u>7320</u>				
e. TOTAL LOANS OUTSTANDING	sO-				
f. TOTAL OBLIGATIONS OUTSTANDING	s <u>0</u> -				



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD				
Bill BENNETT	FROM: 1-16-14 TO: 6-30-14				
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)					
a. Unitemized Contributions (\$100 or less from each source this period)	\$				
b. Itemized Contributions (over \$100 from each source this period)	\$				
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$				
16. LOANS RECEIVED THIS REPORTING PERIOD	\$				
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$				
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$0-				
DISBURSEMENTS					
19. EXPENDITURES (other than loan payments)					
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	.g., printing, postage, gasoline)				
\$					
\$					
\$					
\$					
\$					
\$					
\$					
\$					
\$					
Total of Expenditures (\$100 or less each payee)	\$				
b. Itemized Expenditures (Over \$100 each payee this period)	\$				
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 3150				
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>-0 -</u>				
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)					
22.IN-KIND CONTRIBUTIONS					
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$					
b. Itemized in-kind contributions (over \$100 from each source this period)\$					
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$					
23. OBLIGATIONS					
a. Unitemized Obligations Outstanding (\$100 or less each)\$					
b. Itemized Obligations Outstanding (Over \$100 each)\$					
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$					



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR/COMMITTEE 2. REPORT COVER					TO: 6-30-14
Bill BENNETT FROM:/-16-1			11101117-16-14	Amount	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU					
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEM	IZED EXPENDITURE (ex) to any payee during the per	
First Name	Middle Name		Purpose of Expenditure	1 .1 L.	Amount of Expenditure
Last Name/Business Name			CAMPAION Contribution		250-
LOPPINGER Address			#1124		
Ou.	Total	T 7: 0: 4:			
City	State	Zip Code			
First Name AMEN	Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name ACCE 4			CAMPAREN CONTRIBUT		100
Address			#1175		
City	State	Zip Code			
	Otalo	2.10 0000			
First Nangle	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Nama/Rusiness Name	Last Name/Business Name			entribution	4
Last Narge/Husiness Name			Purpose of Expenditure CAMPATION CONTRIBUTION #1128	250	
Address					
City	State	Zip Code	1		
First Name Middle Name Last Name/Business Name		me	Purpose of Expenditure CAMPAION CONTRIBUTION		Amount of Expenditure
					250
Address			#1129		200
City	State	Zip Code			
City	State	Zip Code			
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
Last Nemo/Pusiness Namo			Lincoln Day DinNER		_
Last Name / Business Name	AD 1	ARTY			2000
Address		1	#1123		
City	State	Zip Code			
First Name CREC	Middle Nar	ne	Purpose of Expenditure	tribution	Amount of Expenditure
Last Name Dusiness Name			Purpose of Expenditure Comparison Contribution #1124	100	
Address			71124		700
City	State	Zip Code			
	Oldio	2.000			
5. TOTAL ITEMIZED EXPENDITURES					
(Carry forward to item 3, of next page if additional page (If this is the last page of expenditures, this amount must					
The state of the s					L

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVER FROM: 74					TO:6-30-14
TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR E					iod)
First Name Vince	Middle Name		Purpose of Expenditure AmpAlor	tabation.	Amount of Expenditure
Last Name/Business Name			CAMPATON CON		200
Address		The Martin of State of the Stat	#1130		
City	State	Zip Code			
First Name Chester	First Name Middle Name			Purpose of Expenditure CAMPATON CONTRIBUTION # 1131	Amount of Expenditure
Last Name/Business Name			# 1131		200
Address					
City	State	Zip Code			
First Mame (Lan County)	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name (Lepublican Panty			Lincoln Day	incolo Day DINNER	400
Address PANY			Lincoln Day DINNER #1132		700
City	State	Zip Code			
First Name Soe	Middle Nan	Ine	Purpose of Expenditure	1511.	Amount of Expenditure
Last Name/Business Name Address			Purpose of Expenditure CAMPAION CONTRIBUTION #1127		200
City	State	Zip Code			
First News	Middle No.		Durana of Eupanditura		Amount of Europediture
First Name Middle Name		ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Ac Colonick			Purpose of Expenditure Ampaion contains to ## 33		500
Address					
City	State	Zip Code			
First Name	Middle Name		Purpose of Expenditure	Lit:	Amount of Expenditure
Last Name/Bustness Name			Purpose of Expenditure CAMPAIGN Contribution #1134		250-
Address					
City	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3, of next page if additional pages	of this form	are used.)			
(If this is the last page of expenditures, this amount mus					

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR C	OMMITTEE			COVERING THE PERIOD
3. TOTAL ITEMIZED CAMPAIGN	Amount			
			E (expenditures totaling more than \$100 to any payee during	ng the period)
First Name SEBRENA Last Name/Business Name	Middle Na	me	Purpose of Expenditure CAMPAIGN CONTRIBUTE #1135	
TURNER			#1135	250
Address				
City	State	Zip Code		
irst Name OSCAR	Middle Na	me	Purpose of Expenditure CAMPATON CONTRIBO H 1134	Amount of Expenditure
ast Name Business Name			# 1134	100
Address				
City	State	Zip Code		
First Name	Middle Na	me	Purpose of Expenditure CAMPATION CONTRIBUTA H 1137	Amount of Expenditure
Last Name/Business Name			Ampalon Contraction	100
ddress			- FT 110 1	
City	State	Zip Code		
First Name	Middle Name		Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name				
Address	4			
City	State	Zip Code		
irst Name	Middle Nar	me	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		The second secon		
ddress		neze de la composição d		
City	State	Zip Code		
First Name	Middle Nar	me	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name	***************************************			
ddress		115		
Sity	State	Zip Code	museot 1d.	M 3116
5. TOTAL ITEMIZED EXPEND (Carry forward to item 3. of next page (If this is the last page of expenditures	if additional pages of this form		ELECTION CO	MINI SION